

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sharron Angle
Name (print)Assembly
Office (if applicable)26
District (if applicable)1802 Rainbow Ridge, Reno, NV 89523
Mailing Address (include city and zip code)787-6017
Telephone No.

E-Mail Address

Select Appropriate Box(es)

☐

CANDIDATE

☐

PAC

☐

BAG

☐

POL PRTY

☐

IND EXP

☐

NONPROFIT CORP

☐

AMENDED

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ANNUAL FILING

☐PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE
OR EXPEND FUNDS IN EXCESS OF 10K

Annual Filing - Due January 15, 2006

Period: January 1, 2005–December 31, 2005

Report #1 -- Due August 8, 2006*

Period: Jan. 1, 2006–Aug. 3, 2006

Report #2 -- Due October 31, 2006*

Period: Aug. 4, 2006–Oct. 26, 2006

Report #3 -- Due January 15, 2007**

Period: Oct. 27, 2006–Dec. 31, 2006

Annual Filing - Due January 15, 2007

Period: January 1, 2006 - December 31, 2006

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	700.00	700.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	60.00	60.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	760.00	760.00
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))		
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)		

EXPENSES SUMMARY

8. Total monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	5,016.54	
9. Total Monetary Expenses Paid of \$100 or less (See page 2 of instruction sheet)	1,044.60	1,044.60
10. Total Amount of All Monetary Expenses paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	6,061.14	6,061.14
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)		
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report of 15th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

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WASHOE COUNTY
REGISTRAR OF VOTERS

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State of Nevada

Sharron Angle

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Signature

Date

Annual

26
District (if applicable)

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

REPORT PERIOD

Annual

Sharron Angle

Assembly

26

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTIONS	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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Sharron Angle
Name (print)Assembly
Office (if applicable)

District (if applicable)

26

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

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IN KIND WRITTEN COMMITMENTS

Annual

26

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to line 6 of Contributions Summary

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Sharron Angle

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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office Expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
**Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

****NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

26
District (if applicable)

**IN KIND CAMPAIGN
EXPENSES****REPORT PERIOD**

Annual

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Expenses in Excess of \$100****Transfer Total Amount of All Campaign Expenses to Line 11 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.20.120, 294A.125,
294A.140, 294A.150, 294A.160
294A200, 294A210, 294A220, 94A.362